



Australian Bureau of Statistics

1301.0 - Year Book Australia, 1997

ARCHIVED ISSUE Released at 11:30 AM (CANBERRA TIME) 11/03/1997

This page was updated on 23 Nov 2012 to include the disclaimer below. No other content in this article was affected.

DISCLAIMER:

Users are warned that historic issues of this publication may contain language or views which, reflecting the authors' attitudes or that of the period in which the item was written, may be considered to be inappropriate or offensive today.

HEALTH OF INDIGENOUS AUSTRALIANS

Selected results from the first National Aboriginal and Torres Strait Islander Survey (NATSIS) are described below. This survey, completed by the ABS in 1994, was the first national survey of Australia's Indigenous people. Among other topics, it has provided nation-wide Indigenous health information for the first time.

See also Aboriginal health, under Health Programs.

SELF-REPORTED HEALTH STATUS

About 40% of males and 42% of females reported that they had experienced an illness, injury or disability in the two weeks before being interviewed. People aged 5-24 years were less likely to report recent illness (34%) than people aged 55 years and older (68%). Of those who said they had experienced a recent illness, 34% reported that they had been affected by respiratory disease, making it the most commonly reported illness overall and for all age groups up to 45 years of age, after which diseases of the circulatory system were more commonly reported.

The most commonly reported long-term conditions were asthma (13%) and ear or hearing problems (9%). Asthma was more commonly reported in capital cities than in rural areas, which may be due to differences in environmental factors or other exposures, or to different access to care and opportunity for diagnosis. Diabetes was reported by 4% of the Indigenous population overall and was more commonly reported by females than males. Over the age of 45, about one in five people said that they suffered from diabetes.

Although the health status of Indigenous people continues to be much worse than that of other Australians, some 88% of survey participants described themselves to be in good, very good or excellent health while another 10% described their health as fair and only 2% considered themselves to be in poor health. People who reported a long-term condition were more likely to say that their health was fair or poor than those without a long-term condition.

HEALTH RELATED ACTIONS

Almost half (44%) of survey participants reported taking a health-related action in the two weeks before the survey. Table 8.17 shows the types of actions people took, by part of State.

Consulting a doctor was more commonly reported in capital cities than in other urban or rural areas, while the opposite was true for consulting a nurse or an Aboriginal Health Worker. Females were more likely than males to report taking a health-related action and, after the age of

five years, the reporting of health-related actions increased with age.

ACCESS TO SERVICES

Distance to services is an important potential barrier to Indigenous peoples' access to and use of health facilities, health services and health professionals. Nationally, a large proportion of the Indigenous population was estimated to live in close proximity to the services that they might require, but this varied according to place of residence.

In each State, fewer than 10% of people did not have a doctor, either permanent or visiting, within 25 km although only one in three people living in rural areas had a permanent doctor (i.e. available at least three days per week) within this range. Aboriginal Health Workers were located within 25 km of 83% of the population, but this varied from 53% in Tasmania to 93% in the Northern Territory.

8.17 REPORTED HEALTH RELATED ACTIONS, In the Two Weeks Prior to Interview(a)				
	Capital city	Other urban	Rural	Total
	%	%	%	%
Took an action	53.0	42.1	39.8	44.4
Type of action taken(a)				
Visited emergency/outpatients clinic	5.8	8.5	8.8	7.8
Admitted to hospital	1.8	2.4	3.1	2.5
Consulted doctor	26.3	17.9	13.1	18.8
Consulted Aboriginal Health Worker	2.7	4.8	10.6	6.0
Consulted nurse	3.5	4.1	8.6	5.3
Used medication	40.9	30.9	25.8	32.1
Used bush medicine	3.0	2.5	6.1	3.7
Reduced daily activities	16.8	12.2	9.2	12.6
Total ('000)	82.5	129.7	91.0	303.3
(a) Persons may have reported more than one type of action.				
Source: Australian Bureau of Statistics National Aboriginal and Torres Strait Islander Survey 1994.				

There were large differences in distance to hospitals across the country. While about 95% of Indigenous people in Victoria were reported to be living within 25 km of the nearest hospital, one in two Indigenous people in the Northern Territory had to travel over 100 km.

Close to 90% of Indigenous people were located within 25 km of the nearest community health centre, and about half lived within this distance of an Aboriginal Medical Service.

PERCEIVED HEALTH-RELATED AND SUBSTANCE USE PROBLEMS

Nationally, alcohol was seen as the main health problem. About 58% of Indigenous people aged 13 years and older thought that alcohol was a health problem in their area. Drugs and diabetes

were the next most commonly reported problems, followed by diet/nutrition, heart problems and skin problems. Alcohol was considered by 75% of respondents to be a substance use problem followed by marijuana (52%). In the Northern Territory, petrol sniffing was of similar concern to marijuana. The proportions varied according to place of residence.

HEALTH RISK FACTORS

Relative weight

The results from the NATSIS indicate that overweight and obesity are far more common problems among Aboriginal and Torres Strait Islander people than among the Australian community in general. A body mass index (BMI) was calculated for the 78% of adult men and 71% of adult women whose height and weight were measured. Of these people, 60% of men and 57% of women were overweight or obese. Substantially lower figures were recorded for all men (44%) and women (30%) in the 1989-90 National Health Survey.

Smoking

Rates of smoking varied considerably across the country from 29% in the Alice Springs ATSIC region to 61% in the Jabiru ATSIC region (both in the Northern Territory). Overall, smoking was reported by 54% of men and 46% of women aged 13 years and over, and 10% of children aged 13-14 years reported that they smoked. Smoking was most commonly reported for people aged 25-44 years.

Alcohol

Australia wide, about half of males and about one third of females aged 13 and over said they had consumed alcohol within a week of being interviewed. However, a large proportion of Indigenous people in all States reported that they had never drunk alcohol. This was highest in the Northern Territory where 30% of males and 62% of females said they had never drunk alcohol, and 38% of males and 19% of females reported drinking within a week of interview.

Breastfeeding

Breastfeeding was most commonly reported in the Northern Territory where some 90% of children under the age of 13 had been or were currently being breastfed. In New South Wales, Victoria and South Australia, however, over one third of children had not been breastfed.

DISABILITY AND HANDICAP

In the NATSIS, 1% of respondents aged 15-24 and 2.8% of those aged 25-44 reported a severe or profound handicap resulting from a disability or condition, increasing to 13% for those aged 55 and over.

MORTALITY

Studies conducted for the period from 1992 to 1994 showed that Indigenous Australians in Western Australia, South Australia and the Northern Territory experienced higher rates of death than did non-Indigenous Australians (the identification of Indigenous status in the death records of the other States was not of sufficient quality to permit adequate analysis). There were about 3.5 times more deaths than expected for males and about four times more deaths than expected for females, based on comparisons with non-Indigenous rates. Diseases of the circulatory system, injury and poisoning, respiratory diseases, neoplasms and endocrine diseases accounted for about three-quarters of all deaths of Indigenous people.

Life expectancy in the three States studied was 14-18 years lower for Indigenous males and 16-20 years lower for Indigenous females, compared with their non-Indigenous counterparts.

Over the ten-year period from 1985 to 1994, there was very little improvement in the mortality experience of Indigenous people in these three States. Overall death rates for Indigenous males declined by an estimated 1.5% per year, but this fall was not enough to reduce the gap between Indigenous and non-Indigenous males because the death rates for non-Indigenous males also fell by similar amounts. No decline in death rates for Indigenous females was evident.

Mortality rates did drop for some causes of death such as for infectious and parasitic disease, circulatory disease, and alcohol dependence syndrome in Indigenous males, and chronic rheumatic fever in Indigenous females. However, there were many times more deaths than expected for all these diseases and large gaps between Indigenous and non-Indigenous people still remain. For diabetes mellitus, there was a striking deterioration in the mortality experience over the ten years, death rates increasing by almost 10% per year for Indigenous males and by over 5% for Indigenous females.

Source: Year Book Australia 1997

This page last updated 23 November 2012

© Commonwealth of Australia

All data and other material produced by the Australian Bureau of Statistics (ABS) constitutes Commonwealth copyright administered by the ABS. The ABS reserves the right to set out the terms and conditions for the use of such material. Unless otherwise noted, all material on this website – except the ABS logo, the Commonwealth Coat of Arms, and any material protected by a trade mark – is licensed under a Creative Commons Attribution 2.5 Australia licence